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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/584,694			ing Date 10/2007	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FI	LED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A]	N/A	
	TAL CLAIMS CFR 1_16(i))		minus 20 = *			1	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIN CFR 1.16(h))	1S	minus 3 = *			1	X \$ =		1	X S =	
If the specification and drawings exceed APPLICATION SIZE FEE (37 CFR 1.18(s)) Size FeE (37 CFR 1.18(s)) Size FeE (37 CFR 1.18(s)) Size FeE (38 CFR 1.18(s)) Size											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	05/02/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 23	Minus	27	= 0]	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	· 4	Minus	5	- 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
N.	Total (37 CFR 1,16(i))	•	Minus		-		X \$ =		OR	x s =	
ENDMENT	Independent (37 CFR 1 16(h))	,	Minus	***	-		x s =		OR	x s =	
ű	Application Size Fee (37 CFR 1.16(s))					l			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
*! If the entry in column 1 is isses than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For "1" in the information is sometiment of both and a publish which is no flat another than 1 in the information is sometiment of both and a publish which is no flat another than 1 in the information is sometiment of both and a publish which is no flat another than 1 in the information is sometiment of both and a publish which is no flat another than 1 in the information is sometiment of both and in the information is sometiment.											

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycred by 38 CFR 21.4. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitted the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.8. D.O. NOT 1550, JASP 18.0. D.O. NOT 1550, JASP 13-1350.